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*City and County of the City of Exeter.*

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EDUCATION COMMITTEE.

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# ANNUAL REPORT

OF THE

## School Medical Officer

FOR THE

CITY AND COUNTY OF  
THE CITY OF EXETER

1948



## *SCHOOL HEALTH STAFF.*

### **School Medical Officer and Medical Officer of Health.**

GEORGE F. B. PAGE, M.D., D.P.H. (EDIN.).

### **Senior Assistant School Medical Officer.**

JESSIE SMITH, M.B., CH.B., D.P.H. (LEEDS).

### **Assistant School Medical Officers.**

IRIS V. I. WARD, M.D. (LOND.), M.R.C.S., L.R.C.P.

W. DAVIDSON-LAMB, M.C., M.B., CH.B., D.P.H. (ABERDEEN), (resigned 30.6.48).

HENRY G. MAGILL, M.B., CH.B., B.A.O., D.P.H. (also Deputy Medical Officer of Health). (appointed 1.10.48).

### **School Dental Surgeon.**

CLIFFORD A. REYNOLDS, L.D.S., R.C.S. (ENG.).

### **Assistant School Dental Surgeons.**

BRIAN CONNELLY, B.D.S. (LOND.), L.D.S., R.C.S. (ENG.), (resigned 25.3.48).

MARTIN A. RADFORD, B.A., L.D.S., R.C.S. (ENG.), (appointed 13.9.48).

### **Child Guidance Centre.**

HARDY S. GAUSSEN, M.R.C.S., L.R.C.P. (part-time) Psychiatrist.

MRS. E. LEWIS, M.A. (LOND.). Educational Psychologist.

MISS K. HUNT, B.A. (LEEDS). Psychiatric Social Worker.

MISS W. G. SHEARS. Clerk.

### **Speech Therapist.**

MRS. J. PEARCY, L.C.S.T.

### **School Nurses, (also Health Visitors).**

MISS M. M. FOY.

MISS A. E. EDDS.

MISS F. L. GIBBONS (resigned 28.2.48).

MISS N. E. SMITH.

MISS M. A. GRIMM.

MISS M. E. BLACK (part-time temporary from 23.2.48).

MRS. E. STANNARD (part-time temporary).

MISS H. TODD (from 1.6.48).

MISS L. E. WATHEN (from 12.4.48).

MISS D. REED-LETHBRIDGE (from 16.2.48. to 30.4.48.)

### **Temporary School Nurses.**

MISS M. BENJAFIELD (temporary from 6.9.48. to 30.10.48).

MRS. D. M. WAKELY (part-time temporary from 13.9.48).

MISS P. LYONS (temporary from 13.9.48. to 17.12.48).

MISS M. L. BARRETT (temporary from 26.1.48. to 31.7.48).

MISS G. M. BASTOW (temporary from 26.1.48. to 31.7.48).

### **\* Clinic Nurses.**

MRS. E. A. M. KNEE, G.M. (temporary).

MRS. T. S. TILLER, (part-time temporary).

MRS. M. A. McNAMARA, (part-time temporary from 2.6.48).

MRS. L. M. DAVEY, (part-time temporary from 12.1.48. to 1.6.48).

### **Dental Attendants.**

MISS D. F. A. CHESNUTT, (resigned 2.2.48).

MISS E. I. ROSE.

MRS. M. MACINTOSH, (temporary from 26.1.48).

### **Clerks.**

MR. W. G. LOTT, (Clerk in charge).

MRS. B. M. KYNASTON, (temporary).

MISS S. M. TUCKER.

MR. J. BUSSELL, (temporary to 30.1.48).

MISS C. STANLEY, (temporary from 2.2.48. to 15.9.48).

MISS J. WALLIS, (temporary from 8.9.48).

\* Assist in staffing various Clinics, including those of the L.E.A.

# Annual Report

OF THE

## School Medical Officer

FOR THE

### CITY AND COUNTY OF THE CITY OF EXETER,

1948.

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*To the Chairman and Members of the Education Committee.*

I have the honour to submit my report upon the School Health Service for the year 1948. The report is drawn up in accordance with a letter of the Ministry dated 26th January, 1949. In addition to the usual information about the health of the pupils and the work of the Department, it is appropriate that reference should be made to the effect of the National Health Service Act, 1946, and related legislation which came into operation on the 5th July.

**(a) Staff.**

With the exception of certain clinic nurses, the whole of the medical, dental and nursing staff takes part in the work of the Public Health Department. The departments are so organised that there is complete co-ordination between them.

The City is divided into four Health Districts. In each district the same team is responsible for Maternity and Child Welfare, the School Health Service and the General Public Health Service, including the investigation and control of infectious disease, prevention, care and after care. With the steady expansion of the Council's housing programme and the consequential planning of new schools, reconsideration of the boundaries of the health districts is inevitable, and in all probability it will be necessary to define at least five. This will mean, among other things, an increase in the number of school nurses to be employed. Last year I referred to the general shortage of school nurses, who, under regulations made by the Ministry, must also be qualified health visitors. For the time being we are permitted to make up our establishment with other nurses who are mainly employed in clinic duties, thus relieving the school nurse—health visitors for work in their districts and the schools in those districts. As a matter of fact the Council has agreed to an establishment of 12 whole-time health visitors, and this number, if it could be maintained, would be sufficient to staff an additional health district provided we retained the services of the clinic nurses or some of them.

Another difficulty is that the provision of additional clinic accommodation, including dental clinics, is linked to the establishment of health centres under the National Health Service Act. Without going into details, a health centre will have two main parts with different functions. One part will fulfil the local authority's needs for clinic accommodation, e.g. minor ailments, priority dental services, maternity and child welfare, vaccination, immunisation, health education and so forth. The other will be let to such medical practitioners, dental practitioners and ancillary services as desire to practice from a health centre under Part IV of the Act. The entire health centre conception is still in an experimental stage. For this and other good reasons I am in complete agreement with the Council's decision on the recommendation of the Co-ordinating Committee to proceed with the first health centre in 1952. At the same time difficulties may arise before then if the Education Committee's school health services are to develop *pari passu* with the rest of their plans. In this connection I welcome the Committee's decision to include in the 1949-50 estimates provision for a third dental surgeon and surgery, and I hope by September 1949 to be able to secure suitable premises. Already the Health Committee has established a branch maternity and child welfare centre, also a vaccination and immunisation centre at the Whipton Institute. It looks as if other temporary developments along similar lines will have to precede health centres.

I am pleased to be able to report that we have been able to maintain post-graduate refresher courses for members of the staff. Dr. Ward attended a course on Child Health in Edinburgh, the Senior School Nurse a course at Southampton and Mrs. Stannard a course at Oxford.

Dr. W. Davidson-Lamb left during the year to take up a more senior appointment under Derbyshire County Council. Dr. H. G. Magill joined the staff; he is also deputy medical officer of health, having replaced Dr. R. P. Boyd who became a whole-time officer of the South Western Regional Hospital Board.

**(b) Changes in Arrangements for Medical, Dental and Cleanliness Inspections and Treatment.**

There have been no changes in inspection arrangements as described on page 3 of my report for 1947.

As from 1st April, 1947, to 4th July, 1948, the Authority established a full and comprehensive hospital service for school children in accordance with Section 48(3) of the Education Act, 1944. From 5th July the provision of this service became the responsibility of the South Western Regional Hospital Board under Part II of the National Health Service Act, 1946. The main difference is that the cost has been transferred from the rate-payer to the tax-payer. The actual services provided remain the same. In Exeter we have been fortunate in our

hospital services. I would like to express my thanks to the Officers of the Board and to the Hospital Management Committees concerned for the smooth and efficient manner in which the transition was brought about.

The main features of the local hospital service are :—

*Royal Devon and Exeter Hospital*—general medical, surgical and special departments.

*West of England Eye Infirmary*—diseases of the eye, refraction work, orthoptics. Certain psychiatric clinics are also held at this hospital.

*Princess Elizabeth Orthopaedic Hospital and Associated Clinics.*

*City Hospital*—general medical, operative treatment of tonsils and adenoids, consultative ear, nose and throat clinic for prevention of deafness.

*Exeter Isolation Hospital*—infectious diseases.

*Honeylands Children's Sanatorium*—delicate children.

On 5th July the school maintained at the last named institution came under the control of the Education Committee instead of the Health Committee.

Members of the staff have given talks on health subjects at meetings of parent-teacher associations when requested to do so. There is scope for useful work in this direction in senior boys and girls schools if time and opportunity could be found.

The record of work completed during the year is satisfactory. In a total school population of 8,279, periodic examinations numbered 2,711 and other examinations 4,363.

Attendances at the School Clinics were as follows :—

		1946.	1947.	1948.
Central Clinic	.....	5,636	6,219	6,329
Western Clinic	.....	2,528	2,537	3,185
Eastern Clinic	.....	3,799	3,271	4,334
Dental Clinic	.....	4,427	4,903	5,110

All these figures show substantial increases.

The number of individual children found to be unclean at various examinations was 1,180, giving a percentage of 14.2 against 15.8 in 1947 and 19.1 in 1946.

Scabies, which reached its maximum prevalence during the war years, has again declined and the incidence is now back at the pre-war level.



# INCIDENCE IN SCABIES FOR THE PAST 12 YEARS IN EXETER SCHOOL CHILDREN.

<i>Year.</i>	<i>Families.</i>	<i>Cases.</i>	<i>School Population.</i>
1948	25	37	8,279
1947	57	125	8,098
1946	116	310	7,625
1945	163	375	6,529
1944	229	538	7,301
1943	259	823	6,813
1942	245	707	7,003 *
1941	468	950	9,796
1940	167	288	10,891
1939	20	53	7,764
1938	29	41	7,286
1937	29	42	7,422

\* End of year ; actual population greater in first five months.

## (c) **Arrangements for the Provision of Meals and Milk.**

There have been no changes in the Authority's arrangements. Meals are prepared and cooked in four area kitchens, viz. :—

- No. 1. Paul Street ;
- No. 2. Montgomery School ;
- No. 3. Bradley Rowe School ;
- No. 4. Ladysmith School.

These are augmented by sub-kitchens "A" at Whipton School, "B" at Hele's School and "C" at Bishop Blackall School.

The charge for dinners is as follows :—

- 5d. where one child in family takes the meal.
- 4d. each where two children in family take the meal.
- 3d. each where three or more children in family take the meal.

Dinners are provided free to necessitous children.

Returns made to the Ministry in February 1949 (the latest available) show that 91.2% of Exeter school children take the milk meal and 49.8% the dinner meal. These figures are slightly below the corresponding figures for last year, viz. 92% and 51%. Both kinds of meal are available at suitable centres during the school holidays. There is always a considerable drop in the number desiring meals during the holidays, and there is a progressive falling off of the numbers attending as each holiday period proceeds.

No one today doubts the value of school meals, not only in maintaining the nutrition of the scholars but in inculcating good social habits.

## **NUTRITION.**

As reported last year, the Ministry's categories are now three in number. A—good; B.—fair; C.—poor. So far as Exeter figures go (see page 16) there are no marked changes. This year class B. has increased to 70% from 67% in 1947 by almost equal gains from classes A. and C. Such small variations are of no significance. They may be due to chance, or to the slightly different standards of the assistant school medical officers. Not only do the opinions of individual observers differ, but there is no "sealed pattern" of a 1939 boy or girl and it is difficult to find a standard or basis for comparison. My impression is that there is no deterioration in Exeter school children in spite of the fact that the past two years have been as precarious as any from the rationing point of view.

This may not be the position throughout the country, indeed it is held in some quarters that there has been a slight but detectable deterioration within the past two or three years. As a matter of fact as I write these words, the Ministry of Health with the Ministry of Education is planning a survey of the kind and amount of food consumed by school children at home and at school meals. Random samples of boys are to be taken in various parts of the country, including Exeter. Provided the samples are large enough and provided parents will co-operate wholeheartedly, some useful information should come of this enquiry.

## **THE CHILD GUIDANCE CENTRE.**

As long ago as 1935 the then Board of Education approved the use of a voluntary child guidance centre by the Exeter Education Authority. We have, therefore, considerable experience of the value and limitations of this kind of work. The Education Act 1944 made it obligatory upon education authorities to provide child guidance centres either themselves or by arrangement with neighbouring authorities. As the voluntary centre in Exeter closed down on 31st March 1946, it became necessary to make other arrangements. In my annual reports for 1945 and 1947 I described the objects and organisation of a child guidance centre at some length, and in my report for 1947 I was able to record that the Authority's own centre had opened on 7th October of that year. In the same report I remarked that "perhaps the best evidence for the need of this kind of work, is the accumulation of cases of maladjusted children which occurred during the period when the old voluntary centre had closed and the new centre was not yet available."

I know that the work of the centre is appreciated (and I use the word in its original and restricted sense) by teachers, school medical officers, school nurses, those who have to work under the Children Act and related legislation, many medical practitioners and many parents. But there are other people whose ideas upon the subject are rather vague and occasionally hostile. Probably the best way to dispel this attitude is to invite those who are interested to visit the Centre occasionally and see the



work for themselves, and to hear reports of typical cases. It is important to realise that no matter how or where the need for child guidance arises, whether in the home, the school or the juvenile court, the approach to the child guidance centre must be through the school health department and the school medical officer. This form of approach to the specialties is traditional in medicine, it is implicit in the National Health Service Act and is, I believe, the view of the Ministry. At a recent conference in London on Mental Health\* one speaker underlined the importance of the physical factor in mental upset. He pleaded for a thorough physical examination and for what he called "an integrated medicine." This can be achieved only by going about things in the right way and in the right order. Preliminary ascertainment of handicapped children, whether maladjusted or in any of the other ten groups laid down in the regulations, is the job of the school doctor. He alone can supply the specialist with all the essential information including case histories, results of previous physical examinations and notes on social conditions. In some thirty-seven years of medical practice I have seen a good many unhappy consequences of the direct approach to specialists. It is the business of the school medical officer to select children for reference to specialists, just as it is the business of the general practitioner to guide his patients in such matters.

I have no hesitation in again repeating the definition of child guidance given by the National Council for Mental Health in one of its circulars: "Child Guidance may be defined as the specialised investigation of those causes which disturb normal mental stability and social adjustment in children, and the application of suitable methods of prevention and treatment." The child guidance centre deals with the unmanageable child, the delinquent child, the shy and nervous child, unexplained backwardness in school or in certain school subjects, faulty habits and other deviations from the accepted normal. The centre, as such, is not concerned with educationally subnormal children, although such children may find their way there on occasions.

A very large proportion, in fact the majority of the cases, have their origin in domestic difficulties and disharmony in the home. For reasons which cannot be gone into here, such households are on the increase and this in turn accounts for the number of maladjusted children (and parents) who need the help that a child guidance centre can give.

The work is carried out in a specially equipped building at 22, St. David's Hill. At present there are three sessions a week when the psychiatrist attends, but there is also work to be done between these sessions. The whole-time Educational Psychologist and the Psychiatric Social Worker are accommodated in this building, and certain rooms are used in connection with the training of Nursery Students.

When the Centre opened in October 1947 there was an accumulated waiting list of 108. At the end of 1948 the waiting

\* 17th and 18th March, 1949.

list was 8. During the year 81 children were referred to the Centre by the School Health Department.

The estimated cost for the financial year 1949/50 is £1,497. The estimated cost of the entire School Health Service, including the Child Guidance Centre, is £13,202 for the same period.

## **REPORT OF DR. H. S. GAUSSEN**

### *Psychiatrist in charge of Centre.*

During the year 81 children attended the Child Guidance Centre for investigation. 2 of these cases were closed after a diagnostic report had been sent to the Magistrates, one was referred to a doctor for physical treatment and in 2 cases the parents decided that they did not wish their children to have treatment. The cases of 6 children who were found to be dull and backward were closed after Mrs. Lewis, the Educational Psychologist, had found ways in which they could be helped in their schools. Still another case was closed after a suitable foster home had been found.

The remaining 69 children were considered suitable for therapy at the Centre. 46 of them were able to receive treatment during the year, but the remaining 23 were still awaiting it on December 31st. In addition to the 46 children, 29 children, whose cases had been investigated in 1947, also received treatment, making a total of 75. During the year 23 of these cases were closed after considerable improvement had been made, and 3 were closed because the families left the City. In another case, slight improvement was made, but the parents decided that the treatment should not continue. One boy, who did not respond very well to therapy, was sent to an Approved School, where he is making good progress.

At the end of the year, therefore, after 39 cases had been closed, 48 children were still receiving treatment and 23 were awaiting treatment. 8 children also were on the waiting list for preliminary investigation.

### **Illustrative cases.**

One of the children who has received treatment is Philip, a very intelligent boy of 14, who was referred to the Centre because of violent outbursts of temper. These, it was discovered, occurred only at home where father was an invalid, often irritable. Money was scarce, for 2 other children were still at school and mother was overwhelmed by her troubles. Each week Philip came for treatment and at the same time his mother discussed her difficulties with the Psychiatric Social Worker. The Education Committee helped with a clothing grant and the District Rehabilitation Officer's Department took a kindly interest in the father. Eventually, after many months, Philip's tempers became far less frequent and he gained in confidence. His headmaster now reports that he expects him to obtain his School Certificate in the Summer.

Betty, aged 13, was referred by the Magistrates for stealing. Her mother had died 2 years earlier and she and her step-mother were unable to give each other any affection. She was removed to a foster home outside the City and attended the Centre once a month with her foster mother. At first the stealing continued, but the foster mother persevered and at last it came to an end. Betty is happy in her new home and appears to be getting on well.

Gerald, an only child, aged 6, was referred by the family doctor because of his extreme nervousness. He refused to stay in his bedroom alone, often had nightmares and would not go to school without his mother. His father was apt to be very severe and called his son a "sissy." His mother, who kept her home excessively clean and tidy, was a timid woman who had never known her own parents. Each week Gerald came to the play-room, whilst his mother talked to the Psychiatric Social Worker. After some months he slept in a room of his own and the nightmares ceased. His mother allowed him to play more freely in the home and he will now run off to school without her.

Ernest is a nervous boy of 11 and although he is of average intelligence, he can hardly read at all. He is now being helped considerably by attending a small remedial reading group which the Educational Psychologist holds at the Centre each week.

The Year showed the usefulness of the Centre and good contacts were made with the Schools and other Departments. It is clear to the Staff that the work can be very considerably expanded and they hope that the number of sessions will be increased in the near future.

## **SPEECH THERAPY.**

Mrs. J. M. Percy reports as follows :—

"The work at the Exeter Speech Centres has continued steadily throughout the year, with a slight drop in the number of new cases referred. Meetings have been held once a week during term time at each of the following centres :—

Alice Vlieland Welfare Centre, Bullmeadow Road.

Ladysmith Infants' School.

Merrivale Road Community Centre.

John Stocker Junior Boys' School.

University College of the South West, Gandy Street.

Whipton School (morning and afternoon session).

St. Paul's Church Hall, Burnthouse Lane.

In September the Speech Therapist attended a five-day International Speech Therapy Conference at the Royal Society of Medicine in London, which opened with a Government Reception at Lancaster House.

During the Autumn Term the Speech Therapist gave two evening lectures. The first was to nineteen of Exeter's head-teachers and the second to about sixty assistant teachers. The

aim of these talks was to give the teachers a better understanding of the work done at the speech centres.

Children attending at beginning of year	.....	124
New cases referred	.....	57
Old cases readmitted	.....	2
		—
		183
		—
Children discharged	.....	52
Ceasing attendance before discharge for various reasons	.....	7
Number attending at end of year	.....	124
		—
		183
		—
Total number of sessions	.....	299
Total number of attendances	.....	3,197

#### Summary of the types of speech defect treated.

Stammering	.....	80
Articulatory defects.....	.....	78
Language defects (delayed speech development, etc.)	.....	12
Cleft palate speech	.....	3
Multiple defects	.....	10

### REPORT OF THE SENIOR DENTAL OFFICER.

I have the honour to submit the Report of the School Dental Department for the year 1948.

During the year the National Health Service, which includes free dental treatment for all, came into force, but any relief on the amount of work required of the School Dental Service in Exeter has so far not been felt. In general it would appear that all the while the general dental practitioner can treat adult patients, they will prefer not to treat children. In fact children from private schools are not infrequently referred to the Dental Clinic by private dentists, who are under the erroneous impression that any children may be treated here.

The free School Dental Service is—or was—well established, and while the free General Dental Service is having teething troubles so severe on the child, the need for school dental officers is greater than ever. The scope of the School Dental Service at present could well be extended to cover *all* children—the priority class. Unfortunately the comparative glitter of private practice is having the opposite effect, and many school dentists are joining the General Dental Service.

In Exeter the need for a third dental officer has been appreciated, and it is hoped that by the time my next report is due a third surgery will be in operation.



The Dental Clinic normally is staffed by two Dental Officers, who are responsible for dental treatment of nursing and expectant mothers and pre-school children as well as for school children—about 75% of the time is spent on the latter. In the year 1948 Mr. B. Connelly resigned from 25th March and Mr. M. Radford was appointed in his place from 13th September. In the interim period there was only one dental officer operating. In terms of full-time dental officers, therefore, this report represents the work of very little more than one, and the figures throughout are correspondingly affected in comparison with those of the previous year.

### Routine Age Groups.

Age	5	6	7	8	9	10	11	12	13	14	15	16	17	Total
No. inspected	425	479	470	344	263	290	361	345	303	348	175	27	6	3836
No. referred for treatment	199	146	191	189	143	161	194	178	171	212	114	22	4	1924

The routine inspections for 1948 covered the same schools that were inspected in 1946, and comparison between the inspection figures of these two years give some slight encouragement in the somewhat formidable struggle against dental caries. Excluding new entrants the figures are :— for 1946, 3,094 inspected and 1974 (63.8%) referred for treatment ; for 1948, 3,002 inspected and 1463 (46.7%) referred for treatment. Of the remainder of the routine inspections for the year, 834 new entrants, 461 were referred for treatment.

Over the last two years routine inspections have been carried out once for each school, and a total of 9,008 children were inspected. Allowing 500 for duplication of new entrants (for new entrants in all schools are inspected each year), it may be estimated that 8,500 different children were inspected and of these 4,930 were found to require treatment.

There has again been a large increase in the number of "Specials," i.e. children referred for treatment by the school medical officers or by head teachers at the request of parents. While many of these are cases where tooth-ache has occurred while awaiting treatment, there are many also of less urgent nature, so that this increase may, to some extent, reflect a more healthy interest on the part of parents in their children's teeth.

Tuesday mornings are set aside for attending to Specials, and during term-time the numbers vary between 20 and 40, while in the holidays they drop to often only two or three. Really urgent cases, however, need not wait until Tuesdays, and head teachers have been told that appointments by telephone will be given for these cases. Unfortunately as this has become known among parents, too many, deliberately it is felt to avoid any waiting



at the Clinic, have reported to head teachers on any day *other* than Tuesdays. Some disorganisation has inevitably resulted, and it is proposed, therefore, to remedy this by allowing a half-an-hour each morning for all Specials and to adhere rigidly to this time.

It will be realised that some children are included twice in the 3,071 who were found to require treatment, for as already stated many "Specials" had already been referred for treatment at the routine inspections.

Of the 2,291 children treated, 1,606 received complete treatment.

Permanent teeth extracted number 837, and although 266 of these were extracted for regulation purposes, the figure is far too high but unfortunately inevitable while there is a long list of children awaiting treatment.

The 1,682 fillings in permanent teeth represent much hard work for the same reason, for as far as possible the most urgent cases are selected for treatment. In a salaried service there is no temptation to choose the "pin-head" cavities, as undoubtedly there is in the National Health Service where fixed fees are allowed for fillings whether large or small.

Scaling was carried out for 80 children.

Orthodontic treatment is commenced only at the direct request of parents. 44 regulation plates were fitted, and in the great majority of cases co-operation of the children and their parents has been very satisfactory with encouraging results.

20 dentures were fitted to replace front teeth. As a rule immediate dentures are fitted, which are later replaced by permanent dentures.

The mechanical work is carried out by the Exeter Dental Laboratory, and this arrangement is very satisfactory. Their work is of consistently high quality and dealt with expeditiously.

I trust that those who read this report will also have time to study the statistics which follow. They reveal the large amount of work which has been accomplished during the year, which in turn is no mean contribution to the health and well-being of our school children.

I desire to thank the members of the Education Authority, and particularly the members of the Special Services Sub-Committee, for their helpful interest in the work. I also desire to thank the members of the staff for all they have done during the year, and I would particularly mention the Senior Assistant School Medical Officer, Dr. J. Smith, and the Clerk in charge, Mr. W. G. Lott.

I am, Ladies and Gentlemen,

Your obedient Servant,

G. B. PAGE,

*School Medical Officer.*

## STATISTICS.

### EXETER SCHOOLS, 1948.

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School Population .....	8,279
Number of Schools .....	32
Number of Departments .....	32

#### TABLE I.

#### Medical Inspection of Pupils attending Maintained Primary and Secondary Schools, Year Ended 31st December, 1948.

##### A.—PERIODIC MEDICAL INSPECTIONS.

##### PRIMARY AND SECONDARY MODERN SCHOOLS.

Number of Inspections in the prescribed Groups :—

Entrants .....	752
Second Age Group .....	728
Third Age Group .....	512
	Total .....
	1,992

Number of Other Periodic Inspections .....	64
†Secondary Grammar Schools .....	655

##### B.—OTHER INSPECTIONS.

Number of Special Inspections .....	1,882
Number of Re-Inspections .....	1,789
†Number of Re-Examinations at Secondary Grammar and Technical Schools .....	692

†Shown separately as the age groups of periodic inspections do not correspond with those of the Primary and Secondary Modern Schools at present. In course of time the age groups will correspond exactly.

**C.—PUPILS FOUND TO REQUIRE TREATMENT.  
PRIMARY AND SECONDARY MODERN SCHOOLS.**

Group (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIA. (3)	Total individual pupils (4)
Entrants .....	20	104	131
Second Age Group .....	53	92	130
Third Age Group .....	29	46	72
Total (prescribed groups) .....	102	242	333
Other Periodic Inspections .....	1	9	10
Grand Total .....	103	251	343

**SECONDARY GRAMMAR AND SECONDARY TECHNICAL  
SCHOOLS.**

Group (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIA. (3)	Total individual pupils (4)
Entrants .....	12	26	34
Second Age Group .....	8	10	18
Third Age Group .....	6	7	13
Total (prescribed groups). ....	26	43	65
Other Periodic Inspections .....	4	8	10
Grand Total .....	30	51	75

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1948.

Defect Code No.	Defect or disease.	Periodic Inspections		Special Inspections	
		No. of defects		No. of defects	
		Requiring treatment	Requiring to be kept under observat'n but not requiring treatment	Requiring treatment	Requiring to be kept under observat'n but not requiring treatment
	(1)	(2)	(3)	(4)	(5)
4.	Skin .....	48	36	368	81
5.	Eyes— <i>a.</i> Vision .....	123	174	327	19
	<i>b.</i> Squint .....	3	8	14	2
	<i>c.</i> Other .....	8	7	63	11
6.	Ears— <i>a.</i> Hearing .....	2	6	15	3
	<i>b.</i> Otitis Media .....	16	2	54	2
	<i>c.</i> Other .....	50	4	112	4
7.	Nose or Throat .....	118	259	237	19
8.	Speech .....	8	11	34	5
9.	Cervical Glands .....	1	55	13	7
10.	Heart and Circulation .....	—	28	7	13
11.	Lungs .....	1	53	6	15
12.	Developmental—				
	<i>a.</i> Hernia .....	2	27	1	4
	<i>b.</i> Other .....	1	21	2	13
13.	Orthopaedic—				
	<i>a.</i> Posture .....	4	18	7	5
	<i>b.</i> Flat foot .....	5	17	6	4
	<i>c.</i> Other .....	36	76	43	20
14.	Nervous system—				
	<i>a.</i> Epilepsy .....	—	—	1	4
	<i>b.</i> Other .....	—	9	1	5
15.	Psychological—				
	<i>a.</i> Development .....	—	3	2	13
	<i>b.</i> Stability .....	7	32	9	16
16.	Other .....	3	32	43	59

**TABLE II.**

B.—CLASSIFICATION OF THE GENERAL CONDITION  
OF PUPILS INSPECTED DURING THE YEAR IN THE  
AGE GROUPS.

**PRIMARY AND SECONDARY MODERN SCHOOLS.**

Age Groups	No. of Pupils In- spected.	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants .....	752	159	21.14	551	73.27	42	5.59
Second Age Group .....	728	148	20.33	547	75.14	33	4.53
Third Age Group .....	512	166	32.42	311	60.74	35	6.84
Other Periodic Inspections .....	64	20	31.25	39	60.94	5	7.81
Total	2056	493	23.98	1448	70.43	115	5.59

**SECONDARY GRAMMAR AND SECONDARY TECHNICAL  
SCHOOLS.**

No. of children inspected	A.	%	B.	%	C.	%
655	233	35.58	387	59.08	35	5.34



TABLE III.

## TREATMENT TABLES.

*Group I.—Minor Ailments* (excluding Uncleanliness, for which see Table V.).

(a).	No. of Defects treated, or under treatment during the year.
SKIN—	
RINGWORM—SCALP.	
(i) X-Ray treatment	—
(ii) Other treatment	6
Ringworm—Body	14
Scabies	37
Impetigo	22
Other Skin diseases	97
Eye Disease (External and other, but excluding errors of refraction, squint and cases admitted to hospital).	114
Ear Defects	391
Miscellaneous (e.g. minor injuries, bruises, sores, chilblains, etc.)	1,756
Total	2,437

(b). Total number of attendances at Authority's minor ailments clinics .... 13,848

*Group II.—Defective Vision and Squint* (excluding Eye Disease treated as Minor Ailments—Group I.)

	No. of defects dealt with.
ERRORS OF REFRACTION (Including squint). (Operations for squint should be recorded separately in the body of the School Medical Officer's Report.†....)	724
Other defect or disease of the eyes (excluding those recorded in Group I.)	62
Total	786
No. of Pupils for whom spectacles were (a) Prescribed	623
(b) Obtained	527

†There were 10 operations for squint during this year performed at the West of England Eye Infirmary.

*Group III.—Treatment of Defects of Nose and Throat.*

	Total No. treated.
Received operative treatment—	
(a) for adenoids and chronic tonsillitis	366
(b) For other nose and throat conditions	—
Received other forms of treatment	—
Total	366

*Group IV.—Orthopaedic and Postural Defects.*

	Total No. treated.
(a) No. treated as in-patients in hospitals or hospital schools	27
(b) No. treated otherwise, e.g., in clinics or out-patient departments	107

*Group V.—Child Guidance Treatment and Speech Therapy.*

	Total No. treated.
No. of pupils treated—	
(a) under Child Guidance arrangements	75
(b) under Speech Therapy arrangements	183

**TABLE IV.**  
**DENTAL INSPECTION AND TREATMENT.**

(1) Number of pupils inspected by the Authority's Dental Officers—			
(a) Periodic age groups	.....	.....	3,836
(b) Specials	.....	.....	1,147
(c) TOTAL (Periodic and Specials)	.....	.....	4,983
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(2) Number found to require treatment	.....	.....	3,071
(3) Number actually treated	.....	.....	2,291
(4) Attendances made by pupils for treatment	.....	.....	5,110
(5) Half-days devoted to : (a) Inspection	.....	.....	37
(b) Treatment	.....	.....	464
Total (a) and (b)	.....	.....	501
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(6) Fillings :	Permanent Teeth	.....	1,682
	Temporary Teeth	.....	295
	Total	.....	1,977
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(7) Extractions :	Permanent Teeth	.....	837
	Temporary Teeth	.....	2,685
	Total	.....	3,522
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(8) Administration of general anaesthetics for extraction	.....	.....	1,418
(9) Other Operations :	(a) Permanent Teeth	.....	1,028
	(b) Temporary Teeth	.....	73
	Total (a) and (b)	.....	1,101
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**TABLE V.**  
**INFESTATION WITH VERMIN.**

(i) Total number of examinations in the schools by the school nurses or other authorized persons	.....	.....	18,818
(ii) Total number of individual pupils found to be infested	.....	.....	1,180
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act 1944).....	.....	.....	101
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944).....	.....	.....	9
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